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## ACUTE ANTERIOR POLICMYELITIS

Prof Dr E. Majerhofer Docent Dr Niko Skrivaneli Zagreb

The following were collaborators: Prof Dr Dimitrije Jovcic, Belgrade; Prof Dr Vladimir Vujic, Belgrade, Dr Selimir Vrbic, Kragujevac; and Dr Borivoje Tasovac, Belgrade

The authors pay special attention to recent experience, both domestic and foreign, new clinical and laboratory research, and new theories, insofar as the data were of practical significance. From the old literature, they cite those works which have preserved their interest and importance to the present day. In the chapter on epidemiology, the authors, like Todorovic, take the view that poliomyelitis is infectious, i.e., it is a virus disease of acute inflammatory character affecting the central mervous system. They mention epidemics and endemics "of great and small epidemiclogical extent."

In new clinical details, the authors devote special care to their treatment of subtile and spidemiological observations at the onset of the disease. Symptomatologically, five groups are distinguished: (a) nonspecific, introductory, causative factors (enteritis poliomyelitis Maychofer /sic/, (b) clinical symptoms of the early stage, i.e., the incubation period, (c) various atypical and abortive forms without classical paralysis, (d) course of the paralytic stage, and (e) convalescence or the reparation phase.

Differential diagnoses of numerous similar diseases are discussed in detail, in collaboration with Vujic and Tasovac, special attention being given to the "Guillain-Barre syndrome."

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In the chapter on prophylaxis and therapy, the authors give plans for general hygiene prophylactic measures, drop prophylaxis, and also protection from "primary alimentary injury in an infectious environment" (Mayerhofer) sic)

The authors give their appraisal of passive and active immunization, immuno-serums (Pettit) and application of the blood of adults from the patient's neighborhood. Internist's therapy has not yet produced any new principles. We still have no sure foundation for a prognosis, whether quo ad vitam or quo ad sanationem, for there are no clinical symptoms or laboratory methods for differentiating the benign, gliosa mesenchymal forms from the malignant, neurophagic forms.

Todorovic and Vrbic describe their own experiences in physical therapy, and Simovic discusses orthopedic methods and results. Grobelnik discusses the social side of conservative-orthopedic treatment of infantile paralysis.

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